## This Fore for INTERNAL PTO E ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE - (CALCULATION SHEET)

APPLICATION NUMBER: 19/593/73

## Total Fee Calculation

|                          | Fee Code        | # Claims | Number<br>Extra | X | Fee        | Fee         | = | Total  |
|--------------------------|-----------------|----------|-----------------|---|------------|-------------|---|--------|
|                          | Sm./Lg.         |          |                 |   | Sm. Entity | Lg. Entity  |   | _      |
| Basic Filing Fee         | 201/101         |          |                 |   |            | 690,00      | = | 690.00 |
| Total Claims >20         | 203/103         | 27 -20 = | 7               | Х | <u> </u>   | 18,00       | = | 126.00 |
| Independent Claims >3    | 202/102         | 3 =      | <del></del>     | х |            | ·           | = |        |
| Mult. Dep Claim Present  | 204/104         |          |                 |   |            | <del></del> | = |        |
| Surcharge                | 205/105         |          |                 |   |            | 130,00      | = | 130,00 |
| English Translation      | 139             |          |                 |   | •          |             |   |        |
| TOTAL FEE CALCULA        | ATION           |          |                 |   |            |             |   | 94600  |
| Fees due upon filing th  | he application. |          |                 | , |            | `           |   |        |
| Total Filing Fees Due    | = \$            | 946.00   |                 |   |            |             |   |        |
| Less Filing Fees Subm    | iiπed -\$       |          |                 |   |            |             |   |        |
| BALANCE DUE              |                 | 146.00   | <del>-</del>    | _ |            |             |   |        |
| Office of Initial Patent | Examination     |          |                 |   |            | -           |   |        |

Figure 7

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/593173

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                     |   |                     |   | SMALL ENTITY TYPE |                     | OR                     | OTHER THAN OR SMALL ENTITY |                            |                        |
|---|---------------------|---|---------------------|---|-------------------|---------------------|------------------------|----------------------------|----------------------------|------------------------|
| FOR   |                     | NUMBI                                     | NUMBER FILED        |   | NUMBER EXTRA      |                     | FEE                    |                            | RATE                       | FEE                    |
| BAS   | SIC FEE             |   |                     |   |                   |                     | 345.00                 | OR                         | ż                          | 690.00                 |
| TOTAL CLAIMS 27 minus 20= * 7   |                     |   |                     |   | X\$ 9=            |                     | OR                     | X\$18=                     | 126.00                     |                        |
| INDEPENDENT CLAIMS / minus 3 = *  |                     |   |                     |   |                   | X39=                |                        | OR                         | X78=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                     |   |                     |   |                   | +130=               | -                      | OR                         | +260=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                     |   |                     |   | olumn 2           | TOTAL               |                        | OR                         | TOTAL                      | 816,780                |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |                     |   |                     |   | (Column 3)        | SMALL ENTITY OR     |                        | OR                         | OTHER THAN<br>SMALL ENTITY |                        |
| SX IN   |                     | CLAIMS REMAINING AFTER AMENDMENT          |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>  | Total               | • 21                                      | Minus               | 27  | = _               | X\$ 9=              |                        | OR                         | X\$18=                     |                        |
| ME  | Independent         | * 1                                       | Minus               | *** /                                       | = -               | X39=                |                        | OR                         | X78=                       |                        |
| -   | FIRST PRESE         | NTATION OF N                              | MULTIPLE DEP        | ENDENT CLAIM                                |                   | +130=               |                        | OR                         | +260=                      |                        |
|   |                     |   |                     |   |                   | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE        |                        |
| ļ   |                     | (Column 1)                                |                     | (Column 2)                                  | (Column 3)        | AUDII. FEE          |                        | •                          | ADD11.1 CE                 |                        |
| AMENDMENT B   |                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | A THE               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total               | *   | Minus               | **  | =                 | X\$ 9=              |                        | OR                         | X\$18=                     |                        |
| ME  | Independent         | *   | Minus               | ***   | =                 | X39=                |                        | OR                         | X78=                       |                        |
|   | FIRST PRESE         | NTATION OF I                              | MULTIPLE DEP        | ENDENT CLAIM                                | 1                 | 100                 |                        | 1                          | +260=                      |                        |
| l   |                     |   |                     |   |                   | +130=<br>TOTAL      |                        | OR-                        | TOTAL                      |                        |
| Ì   |                     |   |                     |   |                   | ADDIT. FEE          |                        | OR                         | ADDIT. FEE                 |                        |
| L   | <del> </del>        | (Column 1)                                |                     | (Column 2)<br>HIGHEST                       | (Column 3)        |                     |                        |                            |                            |                        |
| ENT C   |                     | CLAIMS REMAINING AFTER AMENDMEN           | ्रे<br>१११५ स्टब्स् | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total               | *   | Minus               | **  | =                 | X\$ 9=              |                        | OR                         | X\$18=                     |                        |
| ME!   | Independent         | *   | Minus               | ***   | =                 | X39=                |                        | OR                         | X78=                       |                        |
|   | FIRST PRESI         | ENTATION OF                               | MULTIPLE DEF        | PENDENT CLAIM                               | <u>/</u>          |                     |                        | 1                          | 000                        | <u> </u>               |
|   | If the entry in eat | umn 1 ie laee tha                         | n the entry in colu | mn 2. write "0" in c                        | olumn 3.          | +130=<br>TOTAL      |                        | OR                         | +260=<br>TOTAL             |                        |
| " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE                 |                     |   |                     |   |                   |                     |                        |                            |                            |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                     |   |                     |   |                   |                     |                        |                            |                            |                        |